The above na	med entity submits this statement for the purpose of changing	its registered office or	registered agent, or both, in the State of Florida.	
SIGNATU	IRE:			
	Electronic Signature of Registered Agent			Date
Officer/Di	irector Detail :			
Title	DIRECTOR, AUTHORIZED PERSON	Title	DIRECTOR, SECRETARY, AUTHORIZED PERSON JIMENEZ, JOSE M.	
Name	CODINA BARLICK, ANA-MARIE	Nome		
Address	2020 SALZEDO STREET, 5TH FLOOR	Name		

Address

City-State-Zip:

Current Mailing Address:

Current Principal Place of Business:

2020 SALZEDO STREET, 5TH FLOOR

CORAL GABLES. FL 33134

2020 SALZEDO STREET, 5TH FLOOR CORAL GABLES. FL 33134 US

FEI Number: NOT APPLICABLE

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 US

City-State-Zip: CORAL GABLES FL 33134

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOSE M. JIMENEZ

Electronic Signature of Signing Officer/Director Detail

Entity Name: DOWNTOWN DORAL COMMUNITY ASSOCIATION, INC.

Certificate of Status Desired: No

2020 SALZEDO STREET, 5TH FLOOR

CORAL GABLES FL 33134

FILED Apr 25, 2022 Secretary of State 0038661520CC

> 04/25/2022 Date

DIRECTOR